

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

A

PLAINTIFF RONNIE DANIELS - #2007-0064180	COURT CASE NUMBER 08 C 1727 <u>08cv1727</u>
DEFENDANT CHICAGO POLICE DEPARTMENT, ETAL	TYPE OF PROCESS SUMMONS & COMPLAINT

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
POLICE OFFICER SIMON, BADGE #18864 - CHICAGO POLICE DEPARTMENT
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
3510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653 clerk supv. of subpoenas

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

RONNIE DANIELS - #2007-0064180
COOK COUNTY JAIL
P.O. BOX 089002
CHICAGO, IL 60608

Number of process to be served with this Form 285

1

Number of parties to be served in this case

7

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

FILED

Jul 14, 2008

JUL 14 2008 YM

Fold

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

06-10-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1 of 8</u>	District of Origin No. <u>24</u>	District to Serve No. <u>24</u>	Signature of Authorized USMS Deputy or Clerk <u>R.T.</u>	Date <u>06-10-08</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

U.S. Const. Caffo Legal

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date

Time

6/25/082:53☐ am
☒ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee <u>48.00</u>	Total Mileage Charges including endeavors <u>5.34</u>	Forwarding Fee <u>0</u>	Total Charges <u>53.34</u>	Advance Deposits <u>0</u>	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>53.34</u>
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REMARKS:

1005 m 11 hours 11 miles

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00